

Court Name: U.S. District Court for RI
Division: 1
Receipt Number: 14670015231
Cashier ID: fmelende
Transaction Date: 03/18/2015
Payer Name: JOSEPH CARAMADRE

NOTICE OF APPEAL/DOCKETING FEE
For: JOSEPH CARAMADRE
Amount: \$505.00

CHECK
Amt Tendered: \$505.00

Total Due: \$505.00
Total Tendered: \$505.00
Change Amt: \$0.00

RANDY OLEN
478A BROADWAY
PROVIDENCE RI 02909
CA 11-CR-186 S